

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/596652</div>	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	✓		✓					
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TOTAL DEP.	13	←	7	←		←		
TOTAL CLAIMS	15		9					
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TOTAL CLAIMS								